

COUNCIL MEMBERS

Glen Gaby
1st Ward

George Jerome
2nd Ward

Rick Ryfa
3rd Ward

Patricia Schadt
4th Ward

Stan Dobosz
5th Ward



Town of Griffith
111 N. Broad St., Griffith, IN. 46319-2294

www.griffith.in.gov

Clerk - Treasurer

William R. Broderick

Phone (219) 924 - 7500

Fax (219) 922 - 3072

March 12, 2012

Water Enforcement and Compliance Assurance Branch (WC-15J)
U.S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago, Illinois 60604-3590
Attention: Jennifer Jungmann, P.E., Environmental Engineer

RE: Town of Griffith, Indiana – Order for Compliance
Docket No. V-W-12-AO-08

Dear Ms. Jungmann,

In accordance with Order paragraph 19 under the section titled "Compliance Requirements", attached you will find a memorandum describing the Town of Griffith procedure for reporting of Sanitary Sewer Overflows. This procedure will be implemented immediately by Town personnel.

Please note that an earlier version of this memorandum was previously submitted to U.S. EPA at our informal conference on Monday, March 5, 2012. It was revised based on additional information made available by Mr. Paul Cluxton of IDEM as a result of discussions that took place at the meeting.

If you have any questions or need any further information, please do not hesitate to call.

Sincerely,

TOWN OF GRIFFITH


Glen Gaby

Town Council President

RECEIVED

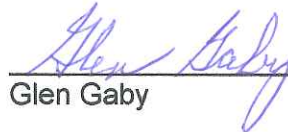
MAR 20 2012

**WATER ENFORCEMENT & COMPLIANCE
ASSURANCE BRANCH, EPA, REGION 5**

Water Enforcement and Compliance Assurance Branch (WC-15J)
U.S. Environmental Protection Agency
March 12, 2012

CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.



Glen Gaby

Encls.

c: George Jerome
Rick Konopasek
Robert Schwerd
Dennis Zebell, P.E.

MEMORANDUM

March 12, 2012

TO: Town of Griffith Public Works Personnel

FROM: Rick Konopasek, Director of Public Works

RE: Reporting Procedure for Sanitary Sewer Overflows

Beginning immediately, whenever personnel from the Town of Griffith witness an overflow from the Town's sanitary sewer system, the following procedure shall be followed:

1. Immediately contact Rick Konopasek and provide information regarding the type of overflow, location, and an estimate of the volume if possible. Rick shall contact the Town's consultant, Dennis Zebell of Lawson-Fisher Associates and brief him on the sanitary sewer overflow (SSO) situation.
2. Either Rick Konopasek or Dennis Zebell shall contact the Lake County Health Department at (219) 755-3655, within one hour of learning of the SSO. The verbal notification shall include:
 - A. Location of the SSO
 - B. The receiving water, if any
 - C. Estimate of the volume of the SSO
3. If Rick Konopasek or Dennis Zebell cannot be reached, Rick Kuna or Tim Alger shall be contacted regarding the situation and shall then contact the Lake County Health Department with the information noted above.
4. Within 24 hours of the sanitary sewer overflow, IDEM must be contacted at (317) 232-8670 or (800) 451-6027 – ext 28670. Instead of contacting by phone, IDEM may be informed of the overflow event by faxing (317) 232-8637 or emailing a bypass/overflow incident report – state form 48373 (copy attached) to wwreports@idem.IN.gov. The incident report can be found online at www.idem.IN.gov/5157.htm#owq_wastewater. Sanitary sewer overflows include basement backups caused by hydraulic overload of the sanitary sewer, grease blockages, lift station failures, etc.

In the situation where an initial bypass/overflow report is sent in indicating the event is "ongoing", an amended report indicating when the event actually ended shall also be submitted.

If the sanitary sewer overflow results in death or acute injury or illness to animals/fish/humans, it meets the definition of a spill and must also be reported as soon as possible, but within 2 hours of discovery to the Emergency Response Spill Line at (317) 233-7745 or (888) 233-7745.

5. A written report of the SSO shall be faxed or emailed to IDEM within five calendar days of the date the Town of Griffith became aware of the overflow. The written report must contain the following:
- A. The location of the SSO
 - B. The receiving water, if any
 - C. An estimate of the volume of the SSO
 - D. A description of the sewer component from which the release occurred
 - E. The date and time when the overflow began and stopped or will be stopped
 - F. The cause or suspected cause of the overflow
 - G. Steps taken or planned to reduce, eliminate, and prevent reoccurrence of the overflow and a schedule of major milestones for those steps
 - H. Steps taken or planned to mitigate the impact(s) of the overflow and a schedule of milestones for those steps

NOTE: Faxing or emailing the Overflow Incident Report Form #48373 satisfies both the 24-hour verbal and five day written reporting requirements.

6. A copy of any notification to IDEM regarding the discharges of sanitary sewage from its collection system shall be sent to EPA at the following address:

Water Enforcement and Compliance Assurance Branch (WC-15J)
U.S. Environmental Protection Agency
77 West Jackson Boulevard
Chicago, Illinois 60604-3590
Attention: Jennifer Jungmann, PE, Environmental Engineer

IMPORTANT INFORMATION

Lake County Health Department	-	(219) 755-3655
IDEM – Office of Water Quality	-	(317) 232-8670
IDEM email = wwreports@idem.IN.gov	-	(800) 451-6027 - ext. 28670
IDEM Emergency Response Spill Line	-	(317) 232-8637 - fax
	-	(317) 233-7745 or (888) 233-7745
U.S. EPA - Jennifer Jungmann	-	(312) 353-4627 - work
Rick Konopasek (Griffith Public Works)	-	(219) 924-3838 - work
	-	(219) 718-5733 - mobile
Rick Kuna (Griffith Public Works)	-	(219) 718-5734 - mobile
Tim Alger (Griffith Public Works)	-	(219) 306-5146 - mobile
Dennis Zebell (Lawson-Fisher Associates)	-	(574) 234-3167 - work
	-	(574) 286-0265 - mobile
	-	(269) 429-1635 - home



BYPASS / OVERFLOW INCIDENT REPORT

State Form 48373 (R4 / 1-10)
INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER QUALITY

INSTRUCTIONS: Complete all parts of this form and fax it to Office of Water Quality, Water Enforcement Section at (317) 232-8637 or 232-8406. This report will satisfy the Office of Water Quality (OWQ) telephone and written bypass / overflow reporting requirements of your NPDES permit. To speak with someone in OWQ, call (317) 232-8670.

To report a spill or if the release is resulting in a fish kill or other severe environmental damage, immediately report the release to the Emergency Response Section spill response line at: (317) 233-7745 or toll free within Indiana at (888) 233-7745.

GENERAL INFORMATION			
Facility Name:		County:	NPDES Permit Number:
Individual Making Report:		Phone Number:	Date & Time IDEM Notified:
RELEASE INFORMATION			
Date & Time Release Began:	Date & Time Release Stopped:	Location Released From: (Address & Description of Manhole, Lift Station, Force Main, etc.)	Receiving Area: (Ground, Stream Name, Storm Sewer, etc.)
Amount of Flow Released:		WWTP Flow During Release:	WWTP Peak Design Flow:
Check one: <input type="checkbox"/> Estimated <input type="checkbox"/> Actual			
Description of the Bypass or Overflow: (Check All That Apply)			
<input type="checkbox"/> Untreated Release <input type="checkbox"/> Partially Treated Release <input type="checkbox"/> Bypass of a Treatment Process <input type="checkbox"/> Blended With Final Effluent & Sampled			
Describe any damage to aquatic life or receiving stream:			
Reason for Bypass/Overflow:			
<input type="checkbox"/> Construction Related <input type="checkbox"/> Power Failure <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Precipitation _____ Inches			
Additional Information:			
Actions Taken to Prevent, Minimize, or Mitigate Damage:			
Actions Taken or Planned to Prevent Recurrence:			

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

CERTIFICATION AND SIGNATURE

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE: _____

DATE: _____